DEPARTMENT OF WORKFORCE DEVELOPMENT

Secretary Roberta Gassman 201 East Washington Avenue P.O. Box 7946 Madison, WI 53707-7946 Telephone: (608) 266-7552 FAX: (608) 266-1784 www.dwd.state.wi.us



DEPARTMENT OF HEALTH AND FAMILY SERVICES

Secretary Helene Nelson 1 West Wilson Street P.O. Box 7850 Madison, WI 53707-7850 Telephone: (608) 266-9622 FAX: (608) 266-7882 www.dhfs.state.wi.us

State of Wisconsin Governor Jim Doyle

TO: Economic Support Supervisors

Economic Support Lead Workers

Training Staff

Child Care Coordinators

W-2 Agencies

FROM: Amy Mendel-Clemens

Communications Section

Bureau of Health Care Eligibility

BHCE/BWP OPERATIONS MEMO

No.: 03-73

Date: 11/25/2003

Non W-2 [X] W-2[X] CC [X]

PRIORITY: Medium

SUBJECT: COMBINED APPLICATION FORM (CAF) ADDENDUM

CROSS REFERENCE: None

EFFECTIVE DATE: December 19, 2003

PURPOSE

This memo notifies you that the addendum to the Combined Application Form (CAF) is now incorporated into the printed CAF.

BACKGROUND

Previously, the CAF printed with two blank pages. Those blank pages were a place holder for the CAF addendum. A worker would hand out the CAF addendum (form # DES 2378-1) to the customer, and his/her signature on the CAF signature page indicated receipt of the addendum.

CARES CHANGES

Any CAF printed for customer signature after the effective date will include the addendum, replacing the two blank pages. The signature page will be moved to appear before the addendum, allowing the addendum to be detached from the CAF and given to the customer to take with them from the interview. Wording of the addendum was updated to match current

OM 03-73 Page 2 of 2

policy. Discontinue handing out the DES 2378-1 unless CARES is down and you are unable to print a CAF. Printable versions of the DES2378-1 can be found at the following links:

English - http://workweb.dwd.state.wi.us/forms/dws/DWSW 2378 1.htm

Spanish - http://workweb.dwd.state.wi.us/forms/dws/des 2378 1 s.htm

Hmong - http://workweb.dwd.state.wi.us/forms/dws/des 2378 1 h.htm

CONTACTS

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dhfs.state.wi.us
Telephone: (608) 261-6317 (Option #1)

Fax: (608) 267-2269

Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/LA